



# KEN PAXTON

ATTORNEY GENERAL *of* TEXAS

## CUSTODIAL DEATH REPORT

### Agency Information

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CDR Number: 18-1210-UF

Version Type: ORIGINAL  
VERSION

Report Date: 11/30/2018 10:13  
AM

Status: Submitted

### Agency/Facility Information

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Agency Name: Austin Police Dept.

Agency Address: PO BOX 689001

Agency City: Austin

Agency State: TX

Agency Zip: 78768

### Director Information

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Director Salutation: Chief

Director First Name: Brian

Director Middle Name:

Director Last Name: Manley

Reporter Name: Kurt Thomas

Reporter Email: kurt.thomas@austintexas.gov

### Decedent Information

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## Identity of Deceased

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First Name: Paul

Middle Name:

Last Name: Landry

Suffix: Jr.

Date of Birth: 8/28/1979

Sex: Male

Race: Black or African  
American

Age At Time Of Death: 39

Date/Time of Custody (arrest, incarceration) (mm/dd/yyyy hh:mm AM/PM):

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Date/Time of Custody or  
Incident: 11/5/2018 3:52 PM

Date/Time of Death (mm/dd/yyyy hh:mm AM/PM):

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Death Date and Time: 11/5/2018 5:02 PM

## Manner / Cause of Death

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Has a medical examiner or coroner conducted an evaluation to determine a cause of death?

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Medical Examiner/Coroner Yes, results  
Evaluation?: pending

What was the manner of death? (select only one)

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Manner of Death: Pending autopsy  
results

Medical Cause of Death:

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Medical Cause of Death:

pending

Had the decedent been receiving treatment for the medical condition that caused the death after admission to your jail's jurisdiction?

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Medical Treatment: No

If death was an accident, homicide or suicide, who caused the death?

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Who caused the death?: Not applicable

If a weapon caused the death, what type of weapon caused the death? (Hold CTRL to select all that apply)

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Type of weapon that caused death?: Not Applicable

Was the cause of death the result of a pre-existing medical condition or did the decedent develop the condition after admission?

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Pre existing medical condition?: Not Applicable; cause of death was accidental injury, intoxication, suicide or homicide

If death was an accident, homicide or suicide, what was the means of death?

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Means of Death: Unknown

## Location / Custody Information

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Where did the event causing the death occur?

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Street Address: W. Braker Ln/  
Metric Blvd

City: Austin

County: Travis

Zip: 78758

What location category best describes where the event causing the death occurred?

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Location Category: Roadway/highway/street/sidewalk

What type of custody/facility was the Decedent in at the time of death:

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Type of Custody: Pre-Custodial Use  
of Force

Specific type of custody/facility:

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Specific Type of Custody/Facility:

N/A

What was the time and date of the deceased's entry into the law enforcement facility where the death occurred (mm/dd/yyyy hh:mm AM/PM):

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Entry Date Time:

Entry Date Time N/A:

Where did the death occur?

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Death Location: Medical facility

## General Information

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Did any other law enforcement agencies respond to calls for service related to this incident? \_\_\_\_\_

Other Agencies Respond?: No

What were the most serious offense(s) with which the deceased was (or would have been) charged with at the time of death? \_\_\_\_\_

Offense 1:

resisting arrest

Offense 2:

pedestrian in the roadway

Offense 3:

Were the Charges:: Not filed at time of death

What were the types of charges or reason for contact? (Hold CTRL to select all that apply) \_\_\_\_\_

Type of Offense: Other, specify

Type of Offense, Other:

Pedestrian in Roadway ( subject was walking around in open lanes of vehicular traffic)

At any time during the incident and/or entry into the law enforcement facility, did the decedent display or use a weapon? \_\_\_\_\_

Decedent display/use of weapons: No

At any time during the incident and/or entry into the law enforcement facility, did the decedent: \_\_\_\_\_

Attempt to Injure Others?: No

At any time during the incident and/or entry into the law enforcement facility, did the decedent: \_\_\_\_\_

Appear intoxicated (alcohol or drugs): Yes

Make suicidal statements?: No

Exhibit any mental health problems?: Unknown

Exhibit any medical problems?: Yes

At any time during the incident and/or entry into the law enforcement facility, did the decedent:

Barricade self or initiate standoff?:	No	Resist being handcuffed or arrested?:	Yes
Physically attempt/assault officer(s):	No	Gain possession of officer's weapon:	No
Verbally threaten other(s) including law:	No	Escape or attempt to escape/flee custody:	No
Attempt gain possession officer's weapon:	No		

Was the deceased under restraint in the time leading up to the death or the events causing the death?

Under Restraint: Yes, mark which restraint devices were used

Type of restraint

Type of Restraint: Handcuffs

## Summary of Incident

Summary of How the Death Occurred: (max. 30,000 characters)

Summary:

On 11/5/2018, patrol officers responded to the intersection of W. Braker Lane and Metric Boulevard on a 911 complaint of a black male subject jumping out in front of traffic. The call also advised the subject appeared to be intoxicated or on drugs. Officers arrived and encountered the subject still in the roadway. Upon contact, the subject resisted the officers attempts to detain and remove him from the roadway. After officers were able to handcuff the subject, he continued to resist the officers efforts to remove him from roadway for several minutes. Once officers were able to remove the subject from the roadway to an adjoining sidewalk area, he was placed on the ground in a prone position. His physical condition then began to deteriorate rapidly. EMS was summoned and the subject was transported to the hospital. The subject was pronounced deceased at the hospital at 5:02pm.

